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FACSIMILE TRANSMISSION COVER SHEET

Date: October 10, 2006

To: United States Patent and Trademark Office
Examiner: Hoang, Thai D.; Art Unit: 2668

Fax: (571) 273-8300

Re: Application Serial No.: 10/061,171
Filing Date: 2/1/2002; First-Named Inventor: Beadle
Attorney Docket No.: 01CON263P-CIP

From: Farjam & Farjam LLP

Number of pages including the cover sheet: 15

Message:

Enclosed please find the Response to Final Office Action dated August 8, 2006.

Also, enclosed please find one (1) Replacement Sheet.

Thank you.

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Attorney Docket No.: 01CON263P-CIP

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Beadle, et al.SERIAL NO.: 10/061,171 FILED: 2/1/2002FOR: High Speed ModemHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- No additional fee is required.
 The fee has been calculated as shown below:

<input type="checkbox"/> EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

- TOTAL EXTENSION FEE \$ 0.00
 FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	12	MINUS ***25	* = 0	x 50	x 25	\$
INDEPENDENT	2	MINUS ***4	* = 0	x 200	x 100	\$

First presentation of multiple dependent claim

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

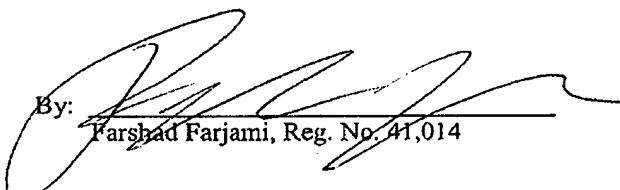
01M0005

Attorney Docket No.: 01CON263P-CIP

- Enclosed is the total fee of \$ _____ (Payment by Credit Card, Form PTO-2038 Enclosed).
- Please charge Deposit Account No. 50-1867 in the amount of \$ _____.
- The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-1867. A duplicate copy of this sheet is enclosed.

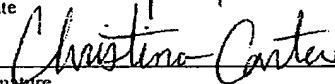
Date: 10/20/06

By:


Farshad Farjami, Reg. No. 41,014CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 571-273-8300 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

Date

10/20/06Signature
Name of Person Performing Facsimile Transmission
Christina Carter

Farshad Farjami, Esq.
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Attorney Docket No.: 01CON263P-CIP

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Beadle, et al.

SERIAL NO.: 10/061,171 FILED: 2/1/2002

FOR: High Speed Modem

HONORABLE COMMISSIONER FOR PATENTS
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TOTAL CLAIMS	12	MINUS **25	* = 0	x 50	x 25	\$
INDEPENDENT	2	MINUS ***4	* = 0	x 200	x 100	\$
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

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 *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

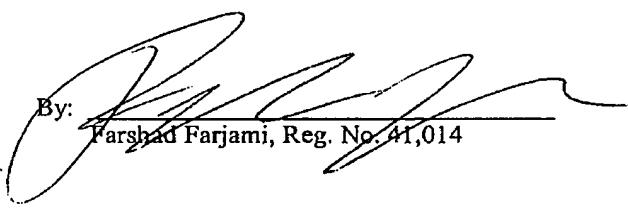
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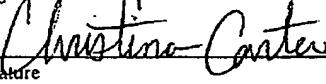
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Attorney Docket No.: 01CON263P-CIP
Application Serial No.: 10/061,171

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OCT 20 2006

In re Application of: Beadle, et al.

Serial No.: 10/061,171

Filed: February 1, 2002

For: HIGH SPEED MODEM

Art Unit: 2668

Examiner: Hoang, Thai D.

RESPONSE TO FINAL OFFICE ACTION

Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the *Final* Office Action, dated August 8, 2006, in the above-referenced patent application. Please enter and consider the following remarks.